

<b>MULTIPLE D. N.D. CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>						SERIAL NO. _____	FILING DATE _____	
						APPLICANT(S) _____		
<b>CLAIMS</b>								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								
9.								
10.								
11.								
12.								
13.								
14.								
15.								
16.								
17.								
18.								
19.								
20.								
21.								
22.								
23.								
24.								
25.								
26.								
27.								
28.								
29.								
30.								
31.								
32.								
33.								
34.								
35.								
36.								
37.								
38.								
39.								
40.								
41.								
42.								
43.								
44.								
45.								
46.								
47.								
48.								
49.								
50.								
<b>TOTAL IND.</b>	<b>3</b>							
<b>TOTAL DEP.</b>	<b>7</b>							
<b>TOTAL CLAIMS</b>	<b>10</b>							
<b>CLAIMS</b>								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
51.								
52.								
53.								
54.								
55.								
56.								
57.								
58.								
59.								
60.								
61.								
62.								
63.								
64.								
65.								
66.								
67.								
68.								
69.								
70.								
71.								
72.								
73.								
74.								
75.								
76.								
77.								
78.								
79.								
80.								
81.								
82.								
83.								
84.								
85.								
86.								
87.								
88.								
89.								
90.								
91.								
92.								
93.								
94.								
95.								
96.								
97.								
98.								
99.								
100.								
<b>TOTAL IND.</b>								
<b>TOTAL DEP.</b>								
<b>TOTAL CLAIMS</b>								